

174634

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER 2005-197-T DATE 6-24, 2005

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Melvin Ray Morris and Belinda Randall Morris (MK)
a PREMIER LIMOUSINES OF
CHARLESTON

2. (a) Street Address of Applicant 4567 GREAT OAK Dr.

N. CHARLESTON, SC 29418-5002

- (b) Mailing address, if different from street address

- (c) Telephone Number 843-810-2283 SS No.

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Sole prop.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED
JUN 28 2006
PSC SC
DOCKETING

BS

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: JUNE 23 Year: 2005

Assets:	
Cash	1856.50
Receivables	1744.00
Real Estate	
Buildings and Equipment-Net	621.13
Motor Vehicles-Net	55,500.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	Goodwill, NAME, POWER
	9,500.00
Total Assets	69,221.63
Liabilities and Equity:	
Accounts Payable	662.40
Notes Payable	32,000.00
Mortgages Payable	
Equipment Obligations	24,400.00
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	57,062.40
Capital Stock	
Retained Earnings	
Total Equity	12,159.23
Total Liabilities and Equity	69,221.63

EXHIBIT C

CLASS C

TAXI

CHARTER ☒

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant MELVIN RAY MORRIS ^{i Belinda Randal Morris} DBA Premier Limousines or Chas.

For the transportation of passengers as follows:

Area to be served: STATEWIDENumber of passengers: 10Fares: \$95.00

Date

6-24-05

By

Melvin Ray Morris

Title

OWNER

Rev.10/03

INSURANCE QUOTE

The following insurance quote is for:

See attached *6/2/05*

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

(Insurance Company Name)

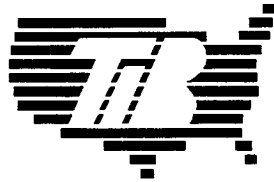
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

- Form E Certificate of Insurance is required to be filed with the SC Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211
Office # 803-737-0800 Fax # 803-737-0801



**Transportation
Insurance
Brokers**

June 6, 2005

Melvin Ray Morris
DBA PREMIER LIMOUSINES OF CHARLESTON
4567 Great Oak Drive
N. Charleston, SC 29418-5002

CORPORATE

425 West Broadway
Suite 400
Glendale, CA
91204-1269

P.O. Box 29086
Glendale, CA
91209-9086

818 246-2800
800 248-2877
FAX 818 246-4690

www.tibinsurance.com
Calif. Ins. Lic. # 0705008

Re: Lancer Insurance Company
Admitted carrier rated A- by A.M. Best Co.
Policy # BA159682#1

Dear Mr. Morris:

This will confirm we have bound coverage with Lancer Insurance Company, effective June 4, 2005 to June 4, 2006 as follows:

\$ 1,000,000	AUTOMOBILE LIABILITY – Combined Single Limit Bodily Injury and Property Damage Per Occurrence. Hired Auto and Non-Owned Auto coverages are <u>EXCLUDED</u>.
\$ 15/30/10,000	UNINSURED MOTORISTS
\$ 1,000	PHYSICAL DAMAGE DEDUCTIBLE – COLLISION
\$ 1,000	PHYSICAL DAMAGE DEDUCTIBLE – SPECIFIED PERILS
\$ 42,000	STATED AMOUNT per the enclosed fleet schedule.
\$ 9,022	ANNUAL PREMIUM – Down payment of \$2,255, with the balance payable through premium financing in 9 installments of \$815.86 each. Installments include finance charges.

WESTERN

2175 C Francisco Blvd.
San Rafael, CA
94901-5510

415 456-8616
FAX 415 456-8078

NORTHEASTERN

20 South Terminal Drive
Plainview, NY
11803-2309

516 349-8799
866 838-2877
FAX 516 349-9227

MID-ATLANTIC


600 Fairmount Ave.
Suite 106
Towson, MD
21286-1000

410 828-7076
800 858-2877
FAX 410 828-0112
FAX 410 828-5837

MIDWESTERN

7 Duck Pass Road
North Oaks, MN
55127-2524

651 484-8864
800 490-2877
FAX 651 483-3110

SOUTHEASTERN

1515 S. Orlando Ave.
Suite 200
Maitland, FL
32751-6471

407 740-5383
888 418-4842
FAX 407 740-5386

Enclosed please find the following items:

1. *Insurance Identification Cards* to be placed in the insured vehicles.
2. *Invoices.*
3. *Finance Agreement* for your records.
4. *Procedure Information* regarding vehicles, drivers, claims, etc.

Please advise if you should need any *Certificates of Insurance* issued on your behalf.

Additionally, we have requested the insurance company issue the following filing(s) on your behalf: Form E for South Carolina.

PREMIER LIMOUSINES OF CHARLESTON

June 6, 2005

Page 2

Please report any claims you may have on or after June 4, 2005 to Lancer Insurance Company at 800-521-6155.

We note that coverage for Acts of Terrorism under your Commercial Auto policy was offered to you, and you have declined such insurance at this time.

We thank you for your business. If you have any questions regarding the above or require any additional assistance, please contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Alicia".

Alicia Luna
Assistant Account Executive

AL:tam
Encls

EXHIBIT FWAName: MELVIN RAY MORRIS DBA PREMIER LIMOUSINES OF CHAS.Address: 4567 GREAT OAK Dr., N. CHAS., SC 29418Telephone No. 843-810-2283 Fax No. 843-767-4979

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)
 (If "yes", indicate rating and provide copy) Satisfactory _____
 Conditional _____
 Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement (s) against Applicant?

Yes _____ No ☒
 (If "yes", indicate nature of judgement (s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes _____ No ☒

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____
 (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Melvin Ray Morris
 (Applicant's Signature)

Sworn to before me

At Charleston County

This 24 day of June, 2005

Brenda L. Veronee
 (Notary Public)

Commission Expires: 9.24.2012